

Temperature in Alaska
may be in 60's to 70's -
in September!

INSURANCE FOR ALASKA CRUISE

CSA Vacation Guarantee provides insurance coverage specially designed to protect your travel investment from events such as:

- ☐ Unexpected sickness or injury
- ☐ Hurricanes or other natural disasters
- ☐ Terrorism
- ☐ Bankruptcy of an airline, cruise line, or other travel supplier
- ☐ Labor strikes
- ☐ Lost baggage
- ☐ Emergency medical expenses

By choosing the CSA Vacation Guarantee you also receive 24-hour assistance services including emergency medical evacuation in case of an emergency during your trip.

INSURANCE COVERAGE

<u>COVERAGE</u>	<u>MAXIMUM BENEFIT</u>
Trip Cancellation	Trip cost per policy
Trip Interruption	150% of the trip cost per policy
Travel Delay	\$750 per person
Baggage Loss	\$1,000 per person
Baggage Delay	\$250 per person
Emergency medical Expense	\$10,000 per person
Air Flight Accident	\$1000,000 per person

ASSISTANCE COVERAGE

- ☐ Emergency Medical Transportation (unlimited benefit)
- ☐ Medical Referral
- ☐ Legal Referral
- ☐ Emergency Cash Transfer
- ☐ Pre-Travel Advice
- ☐ Lost Ticket & Passport Assistance

Sun sets
there be-
tween 9:00
and 10:00!

Hilligom's
Island 2000?

Dramamine-
sleepy
Bonins-
awake

Transportation to
Airport

Deer, my dear?

Meet at Anaheim
at 7:30 a.m.?

CSA PLAN RATES

<u>TRIP COST</u>	<u>INSURANCE COST PER TRAVELLER AGE</u>	
\$1,001 - \$2,000	55 & Under - \$85	56 – 70 - \$130

The coverage begins the day after they receive payment.

Anyone interested in purchasing this insurance needs to notify their Team Leader by August 1st. Ask that the purchase price be deducted from your travel fund. This package is optional. You do not have to take the insurance but, if for any reason you are unable to travel, your money **WILL NOT BE REFUNDED**.

TRIP INSURANCE COVERAGE

PLEASE RETURN THIS FORM TO YOUR TEAM LEADER NEXT WEEK.

I _____ received the insurance information and understand its coverage.

I wish to enroll in the plan. My cost according to my age will be _____.

Signed _____ Date _____

Staff _____ Date _____

I am not interested in purchasing the insurance and understand that I am not covered if I am unable to go on the cruise.

Signed _____ Date _____

Staff _____ Date _____